

**James F. Stenson, DO**  
**Orthopaedic Shoulder and Elbow Surgery**  
**Einstein Medical Center Montgomery**

**Non-Operative Treatment of Proximal Humerus Fracture Protocol**

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General Guidelines:

- Nonoperative treatment is chosen when the fracture pattern is generally stable.
- Depending on fracture pattern and patient compliance with rehabilitation, outcomes of nonoperative treatment are variable
- Judicious use of ice and anti-inflammatory medication if medically able is advised

Phase I (weeks 1-3):

- Wear sling at all times except for hygiene and self-care
- Begin pendulum exercises at 7-10 days
- No cuff strengthening, active range of motion
- Immediate scapular protraction/retraction exercises
- Encourage elbow, hand, and finger range of motion

Phase II (weeks 3-6):

- Wean from sling at approximately 6 weeks
- Continue pendulums
- Slowly progress in passive range of motion in all planes
- Gradually introduce supine AAROM for flexion (90 degrees), ER (40 degrees) and hyperextension.
- Begin Submaximal RTC isometrics in neutral for IR, ER, EXT and ABD
- No band exercises
- Continue elbow, hand, and finger range of motion

Phase III (weeks 6-8)

- Begin with supine AROM flexion. Begin without weight and slowly introduce light weight
- Standing wand assisted flexion
- Pulleys with eccentric lowering of involved arm Progress all other AROM, supine first then standing
- Continue elbow, hand, and finger range of motion

Phase IV (>8 weeks)

- Posterior capsule stretching if indicated
- Isotonic exercises for RTC, scapular muscles
- Theraband rows, ER, IR, shoulder extension and light weights for cuff and deltoid
- Prone scapular strengthening
- Begin overhead exercises